

# Intensive Treatment Foster Care Program

## Quarterly Statistical Report

STATEWIDE	Quarter Ending				
	Month		Version 1		Year
	1 <input type="checkbox"/> Mar	2 <input type="checkbox"/> Jun	3 <input type="checkbox"/> Sep	4 <input checked="" type="checkbox"/> Dec	2001

		TOTAL BY AGE GROUP					
		0-3	4-6	7-9	10-12	13-15	16-19
<b>Children:</b>							
1. Placed in Program During Quarter (sum of items 1a thru 1f below)	1.	5	14	43	76	74	52
<b>Outcomes of Children Referred to Program:</b>							
a. Total Children Returned to a More Intensive Program	1a.	0	0	0	3	3	2
b. Total Children Hospitalized	1b.	0	0	0	0	0	0
c. Total Children Discharged to Own Home	1c.	1	0	1	0	1	0
d. Total Children Continuing in Placement	1d.	4	12	37	71	60	39
e. Total Children Moved to Less Intensive Foster Care Placement	1e.	0	0	0	1	1	2
f. Total Children with Other Outcomes	1f.	0	2	5	1	9	9
<b>Services Provided to Children and Families:</b>							
2. Total In-Home Support Counselor Hours	2.	122.75	922.11	5,116.02	7,118.21	6,446.98	3,977.25
3. Total Psychiatrist Hours	3.	1.50	7.25	32.06	61.96	49.50	17.75
4. Total Emergency Social Work Hours	4.	0.00	12.00	44.00	57.50	100.00	73.75
5. Total Families Receiving Family Therapy Services:							
a. During the Quarter	5a.	1.00	10.00	22.00	42.00	47.00	23.00
b. On a Weekly Basis (must be less than or equal to item 5a.)	5b.	0.00	5.00	13.00	19.00	18.00	10.00

# Intensive Treatment Foster Care Program

## Quarterly Statistical Report - By County

COUNTY <b>ALAMEDA</b>	Quarter Ending				
	Month		Version 1		Year
	1 <input type="checkbox"/> Mar	2 <input type="checkbox"/> Jun	3 <input type="checkbox"/> Sep	4 <input checked="" type="checkbox"/> Dec	2001

		TOTAL BY AGE GROUP					
		0-3	4-6	7-9	10-12	13-15	16-19
<b>Children:</b>							
1. Placed in Program During Quarter (sum of items 1a thru 1f below)	1.	1	1	5	9	13	2
<b>Outcomes of Children Referred to Program:</b>							
a. Total Children Returned to a More Intensive Program	1a.	0	0	0	0	0	0
b. Total Children Hospitalized	1b.	0	0	0	0	0	0
c. Total Children Discharged to Own Home	1c.	0	0	0	0	0	0
d. Total Children Continuing in Placement	1d.	1	1	5	8	11	2
e. Total Children Moved to Less Intensive Foster Care Placement	1e.	0	0	0	1	0	0
f. Total Children with Other Outcomes	1f.	0	0	0	0	2	0
<b>Services Provided to Children and Families:</b>							
2. Total In-Home Support Counselor Hours	2.	4.00	0.00	310.77	873.63	713.43	3.00
3. Total Psychiatrist Hours	3.	0.00	0.00	1.00	3.00	3.00	0.00
4. Total Emergency Social Work Hours	4.	0.00	2.00	10.00	0.00	23.75	35.00
5. Total Families Receiving Family Therapy Services:							
a. During the Quarter	5a.	1.00	1.00	5.00	9.00	12.00	1.00
b. On a Weekly Basis (must be less than or equal to item 5a.)	5b.	0.00	0.00	3.00	8.00	5.00	0.00

# Intensive Treatment Foster Care Program

## Quarterly Statistical Report - By County

COUNTY <b>BUTTE</b>	Quarter Ending				
	Month		Version 1		Year
	1 <input type="checkbox"/> Mar	2 <input type="checkbox"/> Jun	3 <input type="checkbox"/> Sep	4 <input checked="" type="checkbox"/> Dec	2001

		TOTAL BY AGE GROUP					
		0-3	4-6	7-9	10-12	13-15	16-19
<b>Children:</b>							
1. Placed in Program During Quarter (sum of items 1a thru 1f below)	1.	0	0	0	0	0	0
<b>Outcomes of Children Referred to Program:</b>							
a. Total Children Returned to a More Intensive Program	1a.	0	0	0	0	0	0
b. Total Children Hospitalized	1b.	0	0	0	0	0	0
c. Total Children Discharged to Own Home	1c.	0	0	0	0	0	0
d. Total Children Continuing in Placement	1d.	0	0	0	0	0	0
e. Total Children Moved to Less Intensive Foster Care Placement	1e.	0	0	0	0	0	0
f. Total Children with Other Outcomes	1f.	0	0	0	0	0	0
<b>Services Provided to Children and Families:</b>							
2. Total In-Home Support Counselor Hours	2.	0.00	0.00	0.00	0.00	0.00	0.00
3. Total Psychiatrist Hours	3.	0.00	0.00	0.00	0.00	0.00	0.00
4. Total Emergency Social Work Hours	4.	0.00	0.00	0.00	0.00	0.00	0.00
5. Total Families Receiving Family Therapy Services:							
a. During the Quarter	5a.	0.00	0.00	0.00	0.00	0.00	0.00
b. On a Weekly Basis (must be less than or equal to item 5a.)	5b.	0.00	0.00	0.00	0.00	0.00	0.00

# Intensive Treatment Foster Care Program

## Quarterly Statistical Report - By County

COUNTY <b>CONTRA COSTA</b>	Quarter Ending					
	Month			Version 1		Year
	1 <input type="checkbox"/> Mar	2 <input type="checkbox"/> Jun	3 <input type="checkbox"/> Sep	4 <input checked="" type="checkbox"/> Dec		2001

		TOTAL BY AGE GROUP					
		0-3	4-6	7-9	10-12	13-15	16-19
<b>Children:</b>							
1. Placed in Program During Quarter (sum of items 1a thru 1f below)	1.	0	0	1	0	5	2
<b>Outcomes of Children Referred to Program:</b>							
a. Total Children Returned to a More Intensive Program	1a.	0	0	0	0	0	0
b. Total Children Hospitalized	1b.	0	0	0	0	0	0
c. Total Children Discharged to Own Home	1c.	0	0	0	0	0	0
d. Total Children Continuing in Placement	1d.	0	0	0	0	5	2
e. Total Children Moved to Less Intensive Foster Care Placement	1e.	0	0	0	0	0	0
f. Total Children with Other Outcomes	1f.	0	0	1	0	0	0
<b>Services Provided to Children and Families:</b>							
2. Total In-Home Support Counselor Hours	2.	0.00	0.00	191.00	0.00	568.30	235.04
3. Total Psychiatrist Hours	3.	0.00	0.00	3.00	0.00	22.00	9.00
4. Total Emergency Social Work Hours	4.	0.00	0.00	18.00	0.00	26.00	10.00
5. Total Families Receiving Family Therapy Services:							
a. During the Quarter	5a.	0.00	0.00	0.00	0.00	6.00	2.00
b. On a Weekly Basis (must be less than or equal to item 5a.)	5b.	0.00	0.00	0.00	0.00	2.00	2.00

# Intensive Treatment Foster Care Program

## Quarterly Statistical Report - By County

COUNTY <b>FRESNO</b>	Quarter Ending				
	Month		Version 1		Year
	1 <input type="checkbox"/> Mar	2 <input type="checkbox"/> Jun	3 <input type="checkbox"/> Sep	4 <input checked="" type="checkbox"/> Dec	2001

		TOTAL BY AGE GROUP					
		0-3	4-6	7-9	10-12	13-15	16-19
<b>Children:</b>							
1. Placed in Program During Quarter (sum of items 1a thru 1f below)	1.	0	0	0	2	2	3
<b>Outcomes of Children Referred to Program:</b>							
a. Total Children Returned to a More Intensive Program	1a.	0	0	0	0	0	0
b. Total Children Hospitalized	1b.	0	0	0	0	0	0
c. Total Children Discharged to Own Home	1c.	0	0	0	0	0	0
d. Total Children Continuing in Placement	1d.	0	0	0	1	2	1
e. Total Children Moved to Less Intensive Foster Care Placement	1e.	0	0	0	0	0	0
f. Total Children with Other Outcomes	1f.	0	0	0	1	0	2
<b>Services Provided to Children and Families:</b>							
2. Total In-Home Support Counselor Hours	2.	0.00	0.00	0.00	404.00	232.25	320.75
3. Total Psychiatrist Hours	3.	0.00	0.00	0.00	2.50	5.00	0.00
4. Total Emergency Social Work Hours	4.	0.00	0.00	0.00	0.00	0.00	2.00
5. Total Families Receiving Family Therapy Services:							
a. During the Quarter	5a.	0.00	0.00	0.00	2.00	2.00	2.00
b. On a Weekly Basis (must be less than or equal to item 5a.)	5b.	0.00	0.00	0.00	2.00	2.00	1.00

# Intensive Treatment Foster Care Program

## Quarterly Statistical Report - By County

COUNTY <b>KINGS</b>	Quarter Ending				
	Month		Version 1		Year
	1 <input type="checkbox"/> Mar	2 <input type="checkbox"/> Jun	3 <input type="checkbox"/> Sep	4 <input checked="" type="checkbox"/> Dec	2001

		TOTAL BY AGE GROUP					
		0-3	4-6	7-9	10-12	13-15	16-19
<b>Children:</b>							
1. Placed in Program During Quarter (sum of items 1a thru 1f below)	1.	0	0	0	0	0	0
<b>Outcomes of Children Referred to Program:</b>							
a. Total Children Returned to a More Intensive Program	1a.	0	0	0	0	0	0
b. Total Children Hospitalized	1b.	0	0	0	0	0	0
c. Total Children Discharged to Own Home	1c.	0	0	0	0	0	0
d. Total Children Continuing in Placement	1d.	0	0	0	0	0	0
e. Total Children Moved to Less Intensive Foster Care Placement	1e.	0	0	0	0	0	0
f. Total Children with Other Outcomes	1f.	0	0	0	0	0	0
<b>Services Provided to Children and Families:</b>							
2. Total In-Home Support Counselor Hours	2.	0.00	0.00	0.00	0.00	0.00	0.00
3. Total Psychiatrist Hours	3.	0.00	0.00	0.00	0.00	0.00	0.00
4. Total Emergency Social Work Hours	4.	0.00	0.00	0.00	0.00	0.00	0.00
5. Total Families Receiving Family Therapy Services:							
a. During the Quarter	5a.	0.00	0.00	0.00	0.00	0.00	0.00
b. On a Weekly Basis (must be less than or equal to item 5a.)	5b.	0.00	0.00	0.00	0.00	0.00	0.00

# Intensive Treatment Foster Care Program

## Quarterly Statistical Report - By County

COUNTY <b>LOS ANGELES</b>	Quarter Ending				
	Month		Version 1		Year
	1 <input type="checkbox"/> Mar	2 <input type="checkbox"/> Jun	3 <input type="checkbox"/> Sep	4 <input checked="" type="checkbox"/> Dec	2001

		TOTAL BY AGE GROUP					
		0-3	4-6	7-9	10-12	13-15	16-19
<b>Children:</b>							
1. Placed in Program During Quarter (sum of items 1a thru 1f below)	1.	0	0	0	0	0	0
<b>Outcomes of Children Referred to Program:</b>							
a. Total Children Returned to a More Intensive Program	1a.	0	0	0	0	0	0
b. Total Children Hospitalized	1b.	0	0	0	0	0	0
c. Total Children Discharged to Own Home	1c.	0	0	0	0	0	0
d. Total Children Continuing in Placement	1d.	0	0	0	0	0	0
e. Total Children Moved to Less Intensive Foster Care Placement	1e.	0	0	0	0	0	0
f. Total Children with Other Outcomes	1f.	0	0	0	0	0	0
<b>Services Provided to Children and Families:</b>							
2. Total In-Home Support Counselor Hours	2.	0.00	0.00	0.00	0.00	0.00	0.00
3. Total Psychiatrist Hours	3.	0.00	0.00	0.00	0.00	0.00	0.00
4. Total Emergency Social Work Hours	4.	0.00	0.00	0.00	0.00	0.00	0.00
5. Total Families Receiving Family Therapy Services:							
a. During the Quarter	5a.	0.00	0.00	0.00	0.00	0.00	0.00
b. On a Weekly Basis (must be less than or equal to item 5a.)	5b.	0.00	0.00	0.00	0.00	0.00	0.00

# Intensive Treatment Foster Care Program

## Quarterly Statistical Report - By County

COUNTY <b>MADERA</b>	Quarter Ending				
	Month		Version 1		Year
	1 <input type="checkbox"/> Mar	2 <input type="checkbox"/> Jun	3 <input type="checkbox"/> Sep	4 <input checked="" type="checkbox"/> Dec	2001

		TOTAL BY AGE GROUP					
		0-3	4-6	7-9	10-12	13-15	16-19
<b>Children:</b>							
1. Placed in Program During Quarter (sum of items 1a thru 1f below)	1.	0	0	0	0	0	0
<b>Outcomes of Children Referred to Program:</b>							
a. Total Children Returned to a More Intensive Program	1a.	0	0	0	0	0	0
b. Total Children Hospitalized	1b.	0	0	0	0	0	0
c. Total Children Discharged to Own Home	1c.	0	0	0	0	0	0
d. Total Children Continuing in Placement	1d.	0	0	0	0	0	0
e. Total Children Moved to Less Intensive Foster Care Placement	1e.	0	0	0	0	0	0
f. Total Children with Other Outcomes	1f.	0	0	0	0	0	0
<b>Services Provided to Children and Families:</b>							
2. Total In-Home Support Counselor Hours	2.	0.00	0.00	0.00	0.00	0.00	0.00
3. Total Psychiatrist Hours	3.	0.00	0.00	0.00	0.00	0.00	0.00
4. Total Emergency Social Work Hours	4.	0.00	0.00	0.00	0.00	0.00	0.00
5. Total Families Receiving Family Therapy Services:							
a. During the Quarter	5a.	0.00	0.00	0.00	0.00	0.00	0.00
b. On a Weekly Basis (must be less than or equal to item 5a.)	5b.	0.00	0.00	0.00	0.00	0.00	0.00



# Intensive Treatment Foster Care Program

## Quarterly Statistical Report - By County

COUNTY <b>MARIN</b>	Quarter Ending				
	Month		Version 1		Year
	1 <input type="checkbox"/> Mar	2 <input type="checkbox"/> Jun	3 <input type="checkbox"/> Sep	4 <input checked="" type="checkbox"/> Dec	2001

		TOTAL BY AGE GROUP					
		0-3	4-6	7-9	10-12	13-15	16-19
<b>Children:</b>							
1. Placed in Program During Quarter (sum of items 1a thru 1f below)	1.	0	0	0	0	0	0
<b>Outcomes of Children Referred to Program:</b>							
a. Total Children Returned to a More Intensive Program	1a.	0	0	0	0	0	0
b. Total Children Hospitalized	1b.	0	0	0	0	0	0
c. Total Children Discharged to Own Home	1c.	0	0	0	0	0	0
d. Total Children Continuing in Placement	1d.	0	0	0	0	0	0
e. Total Children Moved to Less Intensive Foster Care Placement	1e.	0	0	0	0	0	0
f. Total Children with Other Outcomes	1f.	0	0	0	0	0	0
<b>Services Provided to Children and Families:</b>							
2. Total In-Home Support Counselor Hours	2.	0.00	0.00	0.00	0.00	0.00	0.00
3. Total Psychiatrist Hours	3.	0.00	0.00	0.00	0.00	0.00	0.00
4. Total Emergency Social Work Hours	4.	0.00	0.00	0.00	0.00	0.00	0.00
5. Total Families Receiving Family Therapy Services:							
a. During the Quarter	5a.	0.00	0.00	0.00	0.00	0.00	0.00
b. On a Weekly Basis (must be less than or equal to item 5a.)	5b.	0.00	0.00	0.00	0.00	0.00	0.00

# Intensive Treatment Foster Care Program

## Quarterly Statistical Report - By County

COUNTY <b>MENDOCINO</b>	Quarter Ending				
	Month		Version 1		Year
	1 <input type="checkbox"/> Mar	2 <input type="checkbox"/> Jun	3 <input type="checkbox"/> Sep	4 <input checked="" type="checkbox"/> Dec	2001

		TOTAL BY AGE GROUP					
		0-3	4-6	7-9	10-12	13-15	16-19
<b>Children:</b>							
1. Placed in Program During Quarter (sum of items 1a thru 1f below)	1.	0	0	0	0	0	0
<b>Outcomes of Children Referred to Program:</b>							
a. Total Children Returned to a More Intensive Program	1a.	0	0	0	0	0	0
b. Total Children Hospitalized	1b.	0	0	0	0	0	0
c. Total Children Discharged to Own Home	1c.	0	0	0	0	0	0
d. Total Children Continuing in Placement	1d.	0	0	0	0	0	0
e. Total Children Moved to Less Intensive Foster Care Placement	1e.	0	0	0	0	0	0
f. Total Children with Other Outcomes	1f.	0	0	0	0	0	0
<b>Services Provided to Children and Families:</b>							
2. Total In-Home Support Counselor Hours	2.	0.00	0.00	0.00	0.00	0.00	0.00
3. Total Psychiatrist Hours	3.	0.00	0.00	0.00	0.00	0.00	0.00
4. Total Emergency Social Work Hours	4.	0.00	0.00	0.00	0.00	0.00	0.00
5. Total Families Receiving Family Therapy Services:							
a. During the Quarter	5a.	0.00	0.00	0.00	0.00	0.00	0.00
b. On a Weekly Basis (must be less than or equal to item 5a.)	5b.	0.00	0.00	0.00	0.00	0.00	0.00

# Intensive Treatment Foster Care Program

## Quarterly Statistical Report - By County

COUNTY <b>MERCED</b>	Quarter Ending				
	Month		Version 1		Year
	1 <input type="checkbox"/> Mar	2 <input type="checkbox"/> Jun	3 <input type="checkbox"/> Sep	4 <input checked="" type="checkbox"/> Dec	2001

		TOTAL BY AGE GROUP					
		0-3	4-6	7-9	10-12	13-15	16-19
<b>Children:</b>							
1. Placed in Program During Quarter (sum of items 1a thru 1f below)	1.	0	3	0	0	0	2
<b>Outcomes of Children Referred to Program:</b>							
a. Total Children Returned to a More Intensive Program	1a.	0	0	0	0	0	0
b. Total Children Hospitalized	1b.	0	0	0	0	0	0
c. Total Children Discharged to Own Home	1c.	0	0	0	0	0	0
d. Total Children Continuing in Placement	1d.	0	3	0	0	0	1
e. Total Children Moved to Less Intensive Foster Care Placement	1e.	0	0	0	0	0	0
f. Total Children with Other Outcomes	1f.	0	0	0	0	0	1
<b>Services Provided to Children and Families:</b>							
2. Total In-Home Support Counselor Hours	2.	0.00	101.00	0.00	0.00	0.00	76.00
3. Total Psychiatrist Hours	3.	0.00	2.00	0.00	0.00	0.00	0.00
4. Total Emergency Social Work Hours	4.	0.00	0.00	0.00	0.00	0.00	0.00
5. Total Families Receiving Family Therapy Services:							
a. During the Quarter	5a.	0.00	2.00	0.00	0.00	0.00	1.00
b. On a Weekly Basis (must be less than or equal to item 5a.)	5b.	0.00	2.00	0.00	0.00	0.00	1.00

# Intensive Treatment Foster Care Program

## Quarterly Statistical Report - By County

COUNTY <b>ORANGE</b>	Quarter Ending				
	Month		Version 1		Year
	1 <input type="checkbox"/> Mar	2 <input type="checkbox"/> Jun	3 <input type="checkbox"/> Sep	4 <input checked="" type="checkbox"/> Dec	2001

		TOTAL BY AGE GROUP					
		0-3	4-6	7-9	10-12	13-15	16-19
<b>Children:</b>							
1. Placed in Program During Quarter (sum of items 1a thru 1f below)	1.	0	1	2	4	2	1
<b>Outcomes of Children Referred to Program:</b>							
a. Total Children Returned to a More Intensive Program	1a.	0	0	0	0	1	0
b. Total Children Hospitalized	1b.	0	0	0	0	0	0
c. Total Children Discharged to Own Home	1c.	0	0	0	0	0	0
d. Total Children Continuing in Placement	1d.	0	1	2	4	1	1
e. Total Children Moved to Less Intensive Foster Care Placement	1e.	0	0	0	0	0	0
f. Total Children with Other Outcomes	1f.	0	0	0	0	0	0
<b>Services Provided to Children and Families:</b>							
2. Total In-Home Support Counselor Hours	2.	0.00	288.00	379.00	518.00	225.50	157.00
3. Total Psychiatrist Hours	3.	0.00	1.25	2.75	3.25	3.00	0.00
4. Total Emergency Social Work Hours	4.	0.00	0.00	0.00	0.00	1.00	0.00
5. Total Families Receiving Family Therapy Services:							
a. During the Quarter	5a.	0.00	1.00	1.00	2.00	1.00	1.00
b. On a Weekly Basis (must be less than or equal to item 5a.)	5b.	0.00	0.00	0.00	0.00	0.00	0.00

# Intensive Treatment Foster Care Program

## Quarterly Statistical Report - By County

COUNTY <b>PLACER</b>	Quarter Ending				
	Month		Version 1		Year
	1 <input type="checkbox"/> Mar	2 <input type="checkbox"/> Jun	3 <input type="checkbox"/> Sep	4 <input checked="" type="checkbox"/> Dec	2001

		TOTAL BY AGE GROUP					
		0-3	4-6	7-9	10-12	13-15	16-19
<b>Children:</b>							
1. Placed in Program During Quarter (sum of items 1a thru 1f below)	1.	0	0	0	0	0	0
<b>Outcomes of Children Referred to Program:</b>							
a. Total Children Returned to a More Intensive Program	1a.	0	0	0	0	0	0
b. Total Children Hospitalized	1b.	0	0	0	0	0	0
c. Total Children Discharged to Own Home	1c.	0	0	0	0	0	0
d. Total Children Continuing in Placement	1d.	0	0	0	0	0	0
e. Total Children Moved to Less Intensive Foster Care Placement	1e.	0	0	0	0	0	0
f. Total Children with Other Outcomes	1f.	0	0	0	0	0	0
<b>Services Provided to Children and Families:</b>							
2. Total In-Home Support Counselor Hours	2.	0.00	0.00	0.00	0.00	0.00	0.00
3. Total Psychiatrist Hours	3.	0.00	0.00	0.00	0.00	0.00	0.00
4. Total Emergency Social Work Hours	4.	0.00	0.00	0.00	0.00	0.00	0.00
5. Total Families Receiving Family Therapy Services:							
a. During the Quarter	5a.	0.00	0.00	0.00	0.00	0.00	0.00
b. On a Weekly Basis (must be less than or equal to item 5a.)	5b.	0.00	0.00	0.00	0.00	0.00	0.00

# Intensive Treatment Foster Care Program

## Quarterly Statistical Report - By County

COUNTY <b>SACRAMENTO</b>	Quarter Ending					
	Month			Version 1		Year
	1 <input type="checkbox"/> Mar	2 <input type="checkbox"/> Jun	3 <input type="checkbox"/> Sep	4 <input checked="" type="checkbox"/> Dec	2001	

		TOTAL BY AGE GROUP					
		0-3	4-6	7-9	10-12	13-15	16-19
<b>Children:</b>							
1. Placed in Program During Quarter (sum of items 1a thru 1f below)	1.	3	5	9	10	11	5
<b>Outcomes of Children Referred to Program:</b>							
a. Total Children Returned to a More Intensive Program	1a.	0	0	0	1	1	0
b. Total Children Hospitalized	1b.	0	0	0	0	0	0
c. Total Children Discharged to Own Home	1c.	0	0	0	0	0	0
d. Total Children Continuing in Placement	1d.	3	4	8	9	8	4
e. Total Children Moved to Less Intensive Foster Care Placement	1e.	0	0	0	0	0	1
f. Total Children with Other Outcomes	1f.	0	1	1	0	2	0
<b>Services Provided to Children and Families:</b>							
2. Total In-Home Support Counselor Hours	2.	65.25	349.00	1,075.50	1,152.25	604.75	353.75
3. Total Psychiatrist Hours	3.	0.00	4.00	5.56	19.21	0.00	2.00
4. Total Emergency Social Work Hours	4.	0.00	10.00	6.00	2.00	4.00	2.00
5. Total Families Receiving Family Therapy Services:							
a. During the Quarter	5a.	0.00	5.00	3.00	3.00	5.00	3.00
b. On a Weekly Basis (must be less than or equal to item 5a.)	5b.	0.00	2.00	2.00	1.00	1.00	1.00

# Intensive Treatment Foster Care Program

## Quarterly Statistical Report - By County

COUNTY <b>SAN DIEGO</b>	Quarter Ending				
	Month		Version 1		Year
	1 <input type="checkbox"/> Mar	2 <input type="checkbox"/> Jun	3 <input type="checkbox"/> Sep	4 <input checked="" type="checkbox"/> Dec	2001

		TOTAL BY AGE GROUP					
		0-3	4-6	7-9	10-12	13-15	16-19
<b>Children:</b>							
1. Placed in Program During Quarter (sum of items 1a thru 1f below)	1.	0	0	0	0	1	1
<b>Outcomes of Children Referred to Program:</b>							
a. Total Children Returned to a More Intensive Program	1a.	0	0	0	0	0	0
b. Total Children Hospitalized	1b.	0	0	0	0	0	0
c. Total Children Discharged to Own Home	1c.	0	0	0	0	0	0
d. Total Children Continuing in Placement	1d.	0	0	0	0	0	1
e. Total Children Moved to Less Intensive Foster Care Placement	1e.	0	0	0	0	1	0
f. Total Children with Other Outcomes	1f.	0	0	0	0	0	0
<b>Services Provided to Children and Families:</b>							
2. Total In-Home Support Counselor Hours	2.	0.00	0.00	0.00	0.00	79.50	72.50
3. Total Psychiatrist Hours	3.	0.00	0.00	0.00	0.00	0.50	1.00
4. Total Emergency Social Work Hours	4.	0.00	0.00	0.00	0.00	0.00	0.00
5. Total Families Receiving Family Therapy Services:							
a. During the Quarter	5a.	0.00	0.00	0.00	0.00	0.00	0.00
b. On a Weekly Basis (must be less than or equal to item 5a.)	5b.	0.00	0.00	0.00	0.00	0.00	0.00

# Intensive Treatment Foster Care Program

## Quarterly Statistical Report - By County

COUNTY <b>SAN FRANCISCO</b>	Quarter Ending				
	Month		Version 1		Year
	1 <input type="checkbox"/> Mar	2 <input type="checkbox"/> Jun	3 <input type="checkbox"/> Sep	4 <input checked="" type="checkbox"/> Dec	2001

		TOTAL BY AGE GROUP					
		0-3	4-6	7-9	10-12	13-15	16-19
<b>Children:</b>							
1. Placed in Program During Quarter (sum of items 1a thru 1f below)	1.	0	0	0	0	4	3
<b>Outcomes of Children Referred to Program:</b>							
a. Total Children Returned to a More Intensive Program	1a.	0	0	0	0	0	0
b. Total Children Hospitalized	1b.	0	0	0	0	0	0
c. Total Children Discharged to Own Home	1c.	0	0	0	0	0	0
d. Total Children Continuing in Placement	1d.	0	0	0	0	4	3
e. Total Children Moved to Less Intensive Foster Care Placement	1e.	0	0	0	0	0	0
f. Total Children with Other Outcomes	1f.	0	0	0	0	0	0
<b>Services Provided to Children and Families:</b>							
2. Total In-Home Support Counselor Hours	2.	0.00	0.00	0.00	0.00	297.00	56.78
3. Total Psychiatrist Hours	3.	0.00	0.00	0.00	0.00	1.00	0.00
4. Total Emergency Social Work Hours	4.	0.00	0.00	0.00	0.00	10.00	12.50
5. Total Families Receiving Family Therapy Services:							
a. During the Quarter	5a.	0.00	0.00	0.00	0.00	4.00	3.00
b. On a Weekly Basis (must be less than or equal to item 5a.)	5b.	0.00	0.00	0.00	0.00	2.00	2.00



# Intensive Treatment Foster Care Program

## Quarterly Statistical Report - By County

COUNTY <b>SAN JOAQUIN</b>	Quarter Ending				
	Month		Version 1		Year
	1 <input type="checkbox"/> Mar	2 <input type="checkbox"/> Jun	3 <input type="checkbox"/> Sep	4 <input checked="" type="checkbox"/> Dec	2001

		TOTAL BY AGE GROUP					
		0-3	4-6	7-9	10-12	13-15	16-19
<b>Children:</b>							
1. Placed in Program During Quarter (sum of items 1a thru 1f below)	1.	0	0	0	3	1	1
<b>Outcomes of Children Referred to Program:</b>							
a. Total Children Returned to a More Intensive Program	1a.	0	0	0	0	0	0
b. Total Children Hospitalized	1b.	0	0	0	0	0	0
c. Total Children Discharged to Own Home	1c.	0	0	0	0	0	0
d. Total Children Continuing in Placement	1d.	0	0	0	3	1	1
e. Total Children Moved to Less Intensive Foster Care Placement	1e.	0	0	0	0	0	0
f. Total Children with Other Outcomes	1f.	0	0	0	0	0	0
<b>Services Provided to Children and Families:</b>							
2. Total In-Home Support Counselor Hours	2.	0.00	0.00	0.00	63.00	45.00	0.00
3. Total Psychiatrist Hours	3.	0.00	0.00	0.00	2.00	1.00	0.00
4. Total Emergency Social Work Hours	4.	0.00	0.00	0.00	0.00	0.00	1.00
5. Total Families Receiving Family Therapy Services:							
a. During the Quarter	5a.	0.00	0.00	0.00	4.00	1.00	1.00
b. On a Weekly Basis (must be less than or equal to item 5a.)	5b.	0.00	0.00	0.00	2.00	0.00	0.00

# Intensive Treatment Foster Care Program

## Quarterly Statistical Report - By County

COUNTY <b>SAN LUIS OBISPO</b>	Quarter Ending				
	Month		Version 1		Year
	1 <input type="checkbox"/> Mar	2 <input type="checkbox"/> Jun	3 <input type="checkbox"/> Sep	4 <input checked="" type="checkbox"/> Dec	2001

		TOTAL BY AGE GROUP					
		0-3	4-6	7-9	10-12	13-15	16-19
<b>Children:</b>							
1. Placed in Program During Quarter (sum of items 1a thru 1f below)	1.	0	0	1	1	7	4
<b>Outcomes of Children Referred to Program:</b>							
a. Total Children Returned to a More Intensive Program	1a.	0	0	0	0	0	1
b. Total Children Hospitalized	1b.	0	0	0	0	0	0
c. Total Children Discharged to Own Home	1c.	0	0	0	0	0	0
d. Total Children Continuing in Placement	1d.	0	0	1	1	6	3
e. Total Children Moved to Less Intensive Foster Care Placement	1e.	0	0	0	0	0	0
f. Total Children with Other Outcomes	1f.	0	0	0	0	1	0
<b>Services Provided to Children and Families:</b>							
2. Total In-Home Support Counselor Hours	2.	0.00	0.00	279.00	300.00	1,859.00	1,017.00
3. Total Psychiatrist Hours	3.	0.00	0.00	3.00	0.00	4.00	0.00
4. Total Emergency Social Work Hours	4.	0.00	0.00	0.00	0.00	0.00	0.00
5. Total Families Receiving Family Therapy Services:							
a. During the Quarter	5a.	0.00	0.00	0.00	0.00	0.00	0.00
b. On a Weekly Basis (must be less than or equal to item 5a.)	5b.	0.00	0.00	0.00	0.00	0.00	0.00

# Intensive Treatment Foster Care Program

## Quarterly Statistical Report - By County

COUNTY <b>SAN MATEO</b>	Quarter Ending				
	Month		Version 1		Year
	1 <input type="checkbox"/> Mar	2 <input type="checkbox"/> Jun	3 <input type="checkbox"/> Sep	4 <input checked="" type="checkbox"/> Dec	2001

		TOTAL BY AGE GROUP					
		0-3	4-6	7-9	10-12	13-15	16-19
<b>Children:</b>							
1. Placed in Program During Quarter (sum of items 1a thru 1f below)	1.	0	0	0	3	0	1
<b>Outcomes of Children Referred to Program:</b>							
a. Total Children Returned to a More Intensive Program	1a.	0	0	0	1	0	0
b. Total Children Hospitalized	1b.	0	0	0	0	0	0
c. Total Children Discharged to Own Home	1c.	0	0	0	0	0	0
d. Total Children Continuing in Placement	1d.	0	0	0	2	0	1
e. Total Children Moved to Less Intensive Foster Care Placement	1e.	0	0	0	0	0	0
f. Total Children with Other Outcomes	1f.	0	0	0	0	0	0
<b>Services Provided to Children and Families:</b>							
2. Total In-Home Support Counselor Hours	2.	0.00	0.00	0.00	176.00	0.00	121.00
3. Total Psychiatrist Hours	3.	0.00	0.00	0.00	15.00	0.00	0.00
4. Total Emergency Social Work Hours	4.	0.00	0.00	0.00	32.00	0.00	1.00
5. Total Families Receiving Family Therapy Services:							
a. During the Quarter	5a.	0.00	0.00	0.00	2.00	0.00	1.00
b. On a Weekly Basis (must be less than or equal to item 5a.)	5b.	0.00	0.00	0.00	1.00	0.00	1.00

# Intensive Treatment Foster Care Program

## Quarterly Statistical Report - By County

COUNTY <b>SANTA BARBARA</b>	Quarter Ending				
	Month		Version 1		Year
	1 <input type="checkbox"/> Mar	2 <input type="checkbox"/> Jun	3 <input type="checkbox"/> Sep	4 <input checked="" type="checkbox"/> Dec	2001

		TOTAL BY AGE GROUP					
		0-3	4-6	7-9	10-12	13-15	16-19
<b>Children:</b>							
1. Placed in Program During Quarter (sum of items 1a thru 1f below)	1.	0	0	0	0	0	1
<b>Outcomes of Children Referred to Program:</b>							
a. Total Children Returned to a More Intensive Program	1a.	0	0	0	0	0	0
b. Total Children Hospitalized	1b.	0	0	0	0	0	0
c. Total Children Discharged to Own Home	1c.	0	0	0	0	0	0
d. Total Children Continuing in Placement	1d.	0	0	0	0	0	1
e. Total Children Moved to Less Intensive Foster Care Placement	1e.	0	0	0	0	0	0
f. Total Children with Other Outcomes	1f.	0	0	0	0	0	0
<b>Services Provided to Children and Families:</b>							
2. Total In-Home Support Counselor Hours	2.	0.00	0.00	0.00	0.00	0.00	0.00
3. Total Psychiatrist Hours	3.	0.00	0.00	0.00	0.00	0.00	0.00
4. Total Emergency Social Work Hours	4.	0.00	0.00	0.00	0.00	0.00	0.00
5. Total Families Receiving Family Therapy Services:							
a. During the Quarter	5a.	0.00	0.00	0.00	0.00	0.00	1.00
b. On a Weekly Basis (must be less than or equal to item 5a.)	5b.	0.00	0.00	0.00	0.00	0.00	0.00

# Intensive Treatment Foster Care Program

## Quarterly Statistical Report - By County

COUNTY <b>SANTA CLARA</b>	Quarter Ending				
	Month		Version 1		Year
	1 <input type="checkbox"/> Mar	2 <input type="checkbox"/> Jun	3 <input type="checkbox"/> Sep	4 <input checked="" type="checkbox"/> Dec	2001

		TOTAL BY AGE GROUP					
		0-3	4-6	7-9	10-12	13-15	16-19
<b>Children:</b>							
1. Placed in Program During Quarter (sum of items 1a thru 1f below)	1.	0	1	11	15	7	12
<b>Outcomes of Children Referred to Program:</b>							
a. Total Children Returned to a More Intensive Program	1a.	0	0	0	0	0	0
b. Total Children Hospitalized	1b.	0	0	0	0	0	0
c. Total Children Discharged to Own Home	1c.	0	0	0	0	0	0
d. Total Children Continuing in Placement	1d.	0	1	11	15	6	8
e. Total Children Moved to Less Intensive Foster Care Placement	1e.	0	0	0	0	0	1
f. Total Children with Other Outcomes	1f.	0	0	0	0	1	3
<b>Services Provided to Children and Families:</b>							
2. Total In-Home Support Counselor Hours	2.	0.00	0.00	1,528.25	1,313.36	884.75	567.43
3. Total Psychiatrist Hours	3.	0.00	0.00	5.50	1.50	3.00	1.50
4. Total Emergency Social Work Hours	4.	0.00	0.00	9.00	11.00	3.00	0.00
5. Total Families Receiving Family Therapy Services:							
a. During the Quarter	5a.	0.00	0.00	8.00	10.00	4.00	5.00
b. On a Weekly Basis (must be less than or equal to item 5a.)	5b.	0.00	0.00	4.00	2.00	0.00	0.00

# Intensive Treatment Foster Care Program

## Quarterly Statistical Report - By County

COUNTY <b>SOLANO</b>	Quarter Ending				
	Month		Version 1		Year
	1 <input type="checkbox"/> Mar	2 <input type="checkbox"/> Jun	3 <input type="checkbox"/> Sep	4 <input checked="" type="checkbox"/> Dec	2001

		TOTAL BY AGE GROUP					
		0-3	4-6	7-9	10-12	13-15	16-19
<b>Children:</b>							
1. Placed in Program During Quarter (sum of items 1a thru 1f below)	1.	0	1	0	1	0	0
<b>Outcomes of Children Referred to Program:</b>							
a. Total Children Returned to a More Intensive Program	1a.	0	0	0	0	0	0
b. Total Children Hospitalized	1b.	0	0	0	0	0	0
c. Total Children Discharged to Own Home	1c.	0	0	0	0	0	0
d. Total Children Continuing in Placement	1d.	0	0	0	1	0	0
e. Total Children Moved to Less Intensive Foster Care Placement	1e.	0	0	0	0	0	0
f. Total Children with Other Outcomes	1f.	0	1	0	0	0	0
<b>Services Provided to Children and Families:</b>							
2. Total In-Home Support Counselor Hours	2.	0.00	70.11	0.00	96.72	0.00	0.00
3. Total Psychiatrist Hours	3.	0.00	0.00	0.00	0.00	0.00	0.00
4. Total Emergency Social Work Hours	4.	0.00	0.00	0.00	0.00	0.00	0.00
5. Total Families Receiving Family Therapy Services:							
a. During the Quarter	5a.	0.00	1.00	0.00	1.00	0.00	0.00
b. On a Weekly Basis (must be less than or equal to item 5a.)	5b.	0.00	1.00	0.00	1.00	0.00	0.00

# Intensive Treatment Foster Care Program

## Quarterly Statistical Report - By County

COUNTY <b>SANTA CRUZ</b>	Quarter Ending				
	Month		Version 1		Year
	1 <input type="checkbox"/> Mar	2 <input type="checkbox"/> Jun	3 <input type="checkbox"/> Sep	4 <input checked="" type="checkbox"/> Dec	2001

		TOTAL BY AGE GROUP					
		0-3	4-6	7-9	10-12	13-15	16-19
<b>Children:</b>							
1. Placed in Program During Quarter (sum of items 1a thru 1f below)	1.	0	0	0	0	0	0
<b>Outcomes of Children Referred to Program:</b>							
a. Total Children Returned to a More Intensive Program	1a.	0	0	0	0	0	0
b. Total Children Hospitalized	1b.	0	0	0	0	0	0
c. Total Children Discharged to Own Home	1c.	0	0	0	0	0	0
d. Total Children Continuing in Placement	1d.	0	0	0	0	0	0
e. Total Children Moved to Less Intensive Foster Care Placement	1e.	0	0	0	0	0	0
f. Total Children with Other Outcomes	1f.	0	0	0	0	0	0
<b>Services Provided to Children and Families:</b>							
2. Total In-Home Support Counselor Hours	2.	0.00	0.00	0.00	0.00	0.00	0.00
3. Total Psychiatrist Hours	3.	0.00	0.00	0.00	0.00	0.00	0.00
4. Total Emergency Social Work Hours	4.	0.00	0.00	0.00	0.00	0.00	0.00
5. Total Families Receiving Family Therapy Services:							
a. During the Quarter	5a.	0.00	0.00	0.00	0.00	0.00	0.00
b. On a Weekly Basis (must be less than or equal to item 5a.)	5b.	0.00	0.00	0.00	0.00	0.00	0.00

# Intensive Treatment Foster Care Program

## Quarterly Statistical Report - By County

COUNTY <b>SONOMA</b>	Quarter Ending				
	Month		Version 1		Year
	1 <input type="checkbox"/> Mar	2 <input type="checkbox"/> Jun	3 <input type="checkbox"/> Sep	4 <input checked="" type="checkbox"/> Dec	2001

		TOTAL BY AGE GROUP					
		0-3	4-6	7-9	10-12	13-15	16-19
<b>Children:</b>							
1. Placed in Program During Quarter (sum of items 1a thru 1f below)	1.	0	0	0	0	0	0
<b>Outcomes of Children Referred to Program:</b>							
a. Total Children Returned to a More Intensive Program	1a.	0	0	0	0	0	0
b. Total Children Hospitalized	1b.	0	0	0	0	0	0
c. Total Children Discharged to Own Home	1c.	0	0	0	0	0	0
d. Total Children Continuing in Placement	1d.	0	0	0	0	0	0
e. Total Children Moved to Less Intensive Foster Care Placement	1e.	0	0	0	0	0	0
f. Total Children with Other Outcomes	1f.	0	0	0	0	0	0
<b>Services Provided to Children and Families:</b>							
2. Total In-Home Support Counselor Hours	2.	0.00	0.00	0.00	0.00	0.00	0.00
3. Total Psychiatrist Hours	3.	0.00	0.00	0.00	0.00	0.00	0.00
4. Total Emergency Social Work Hours	4.	0.00	0.00	0.00	0.00	0.00	0.00
5. Total Families Receiving Family Therapy Services:							
a. During the Quarter	5a.	0.00	0.00	0.00	0.00	0.00	0.00
b. On a Weekly Basis (must be less than or equal to item 5a.)	5b.	0.00	0.00	0.00	0.00	0.00	0.00



# Intensive Treatment Foster Care Program

## Quarterly Statistical Report - By County

COUNTY <b>STANISLAUS</b>	Quarter Ending				
	Month		Version 1		Year
	1 <input type="checkbox"/> Mar	2 <input type="checkbox"/> Jun	3 <input type="checkbox"/> Sep	4 <input checked="" type="checkbox"/> Dec	2001

		TOTAL BY AGE GROUP					
		0-3	4-6	7-9	10-12	13-15	16-19
<b>Children:</b>							
1. Placed in Program During Quarter (sum of items 1a thru 1f below)	1.	1	2	13	21	17	12
<b>Outcomes of Children Referred to Program:</b>							
a. Total Children Returned to a More Intensive Program	1a.	0	0	0	1	1	1
b. Total Children Hospitalized	1b.	0	0	0	0	0	0
c. Total Children Discharged to Own Home	1c.	1	0	1	0	1	0
d. Total Children Continuing in Placement	1d.	0	2	9	20	12	9
e. Total Children Moved to Less Intensive Foster Care Placement	1e.	0	0	0	0	0	0
f. Total Children with Other Outcomes	1f.	0	0	3	0	3	2
<b>Services Provided to Children and Families:</b>							
2. Total In-Home Support Counselor Hours	2.	53.50	114.00	1,248.50	1,863.25	755.50	948.00
3. Total Psychiatrist Hours	3.	1.50	0.00	11.25	15.50	7.00	4.25
4. Total Emergency Social Work Hours	4.	0.00	0.00	0.00	10.50	28.25	10.25
5. Total Families Receiving Family Therapy Services:							
a. During the Quarter	5a.	0.00	0.00	4.00	7.00	10.00	2.00
b. On a Weekly Basis (must be less than or equal to item 5a.)	5b.	0.00	0.00	4.00	2.00	5.00	2.00

# Intensive Treatment Foster Care Program

## Quarterly Statistical Report - By County

COUNTY <b>TULARE</b>	Quarter Ending				
	Month		Version 1		Year
	1 <input type="checkbox"/> Mar	2 <input type="checkbox"/> Jun	3 <input type="checkbox"/> Sep	4 <input checked="" type="checkbox"/> Dec	2001

		TOTAL BY AGE GROUP					
		0-3	4-6	7-9	10-12	13-15	16-19
<b>Children:</b>							
1. Placed in Program During Quarter (sum of items 1a thru 1f below)	1.	0	0	0	0	1	0
<b>Outcomes of Children Referred to Program:</b>							
a. Total Children Returned to a More Intensive Program	1a.	0	0	0	0	0	0
b. Total Children Hospitalized	1b.	0	0	0	0	0	0
c. Total Children Discharged to Own Home	1c.	0	0	0	0	0	0
d. Total Children Continuing in Placement	1d.	0	0	0	0	1	0
e. Total Children Moved to Less Intensive Foster Care Placement	1e.	0	0	0	0	0	0
f. Total Children with Other Outcomes	1f.	0	0	0	0	0	0
<b>Services Provided to Children and Families:</b>							
2. Total In-Home Support Counselor Hours	2.	0.00	0.00	0.00	0.00	90.00	0.00
3. Total Psychiatrist Hours	3.	0.00	0.00	0.00	0.00	0.00	0.00
4. Total Emergency Social Work Hours	4.	0.00	0.00	0.00	0.00	2.00	0.00
5. Total Families Receiving Family Therapy Services:							
a. During the Quarter	5a.	0.00	0.00	0.00	0.00	1.00	0.00
b. On a Weekly Basis (must be less than or equal to item 5a.)	5b.	0.00	0.00	0.00	0.00	1.00	0.00

# Intensive Treatment Foster Care Program

## Quarterly Statistical Report - By County

COUNTY <b>YOLO</b>	Quarter Ending				
	Month		Version 1		Year
	1 <input type="checkbox"/> Mar	2 <input type="checkbox"/> Jun	3 <input type="checkbox"/> Sep	4 <input checked="" type="checkbox"/> Dec	2001

		TOTAL BY AGE GROUP					
		0-3	4-6	7-9	10-12	13-15	16-19
<b>Children:</b>							
1. Placed in Program During Quarter (sum of items 1a thru 1f below)	1.	0	0	0	0	0	0
<b>Outcomes of Children Referred to Program:</b>							
a. Total Children Returned to a More Intensive Program	1a.	0	0	0	0	0	0
b. Total Children Hospitalized	1b.	0	0	0	0	0	0
c. Total Children Discharged to Own Home	1c.	0	0	0	0	0	0
d. Total Children Continuing in Placement	1d.	0	0	0	0	0	0
e. Total Children Moved to Less Intensive Foster Care Placement	1e.	0	0	0	0	0	0
f. Total Children with Other Outcomes	1f.	0	0	0	0	0	0
<b>Services Provided to Children and Families:</b>							
2. Total In-Home Support Counselor Hours	2.	0.00	0.00	0.00	0.00	0.00	0.00
3. Total Psychiatrist Hours	3.	0.00	0.00	0.00	0.00	0.00	0.00
4. Total Emergency Social Work Hours	4.	0.00	0.00	0.00	0.00	0.00	0.00
5. Total Families Receiving Family Therapy Services:							
a. During the Quarter	5a.	0.00	0.00	0.00	0.00	0.00	0.00
b. On a Weekly Basis (must be less than or equal to item 5a.)	5b.	0.00	0.00	0.00	0.00	0.00	0.00